

CLAIMS ONLY							Application Number 10/815942	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29	1						79		
30		1					80		
31			1				81		
32				1			82		
33					1		83		
34						1	84		
35							85		
36							86		
37			1				87		
38				1			88		
39					1		89		
40						1	90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep.	1						Total Indep.		
Total Depend	11						Total Depend		
Total Claims	12						Total Claims		